

WYOMING WIC PROGRAM MEDICAL DOCUMENTATION-INFANTS		
Prescription is subject to WIC approval and provision based on Program policy and procedure.		
Patient's Name:		Birth Date (MM/DD/YY):
Please Check Qualifying Medical Condition(s): <input type="checkbox"/> Premature birth <input type="checkbox"/> Low birth weight <input type="checkbox"/> Failure to Thrive <input type="checkbox"/> Metabolic disorders <input type="checkbox"/> Gastrointestinal disorders <input type="checkbox"/> Malabsorption syndromes <input type="checkbox"/> Immune system disorders <input type="checkbox"/> Life threatening disorders, diseases, and medical conditions that impair ingestion, digestion, absorption, or utilization of nutrients that could adversely effect the participant's nutrition status <input type="checkbox"/> Other (Please specify): _____		
Please List ICD-9 Code(s):		
Special Instructions/Comments:		
Formula Prescribed: <input type="checkbox"/> Alimentum Advance (027) <input type="checkbox"/> Elecare (077) <input type="checkbox"/> Enfacare Lipil 22 Calorie (025) <input type="checkbox"/> Enfamil Premature Formula 24 Cal (077) <input type="checkbox"/> Neocate Infant (077) <input type="checkbox"/> Neosure Advance (009) <input type="checkbox"/> Nutramigen Lipil (032) <input type="checkbox"/> Pregestimil Lipil (036) <input type="checkbox"/> Similac Sensitive RS (055) <input type="checkbox"/> Similac Special Care 24 (077) <input type="checkbox"/> Other medically necessary formula: _____		Amount Prescribed: _____ oz/day <i>If prescribed amount of formula exceeds the maximum amount allowed by WIC Program ,only the maximum amount will be provided.</i>
		Length of Prescription: _____ (Maximum six months)
Provider: Please note if any foods listed below should be restricted due to this person's medical diagnosis.		
WIC Supplemental Foods Available For Infants 6 to 12 months	Restrictions/Comments	
Infant Cereal		
Infant Food Vegetables/Fruits		
Provider's Printed Name:		
Provider's Signature:		Date:
Medical Office Name and Address:		Phone: Fax:

***Reminder:** The WY WIC Program will not be able to issue the following products no matter the medical diagnosis: Enfamil Lipil, Enfamil Prosobee, Enfamil Gentlease, all Nestle Goodstart products, store brand formulas, and all low-iron formulas. ***Reminder:** Similac Advance Early Shield, Similac Isomil, and Similac Sensitive do not require a physician's prescription.

